Name in Full | Certificate of Death

Mrs Hamill Baynum

Died at Town: Near Hurlock County: Dorchester MARYLAND

Date 1899 Month: Sept Day: 18 | Age Y.: 40 M.: 1 D.: 10 | Native of: Md | Occupation: Day laborer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Wesley Baynum

Father's Name | Mother's Name 114

Cause of Death: Primary Female trouble | How long sick 20 days

Immediate | ~~Accident, Suicide~~, Homicide

Reported by Husband

Address W C Bradley Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Nathan A Bell

Died at 8th Dist. Town Dorchester County MARYLAND

Date 189 9 Month Sept Day 28 | Age Y. 6 M. 3 D. | Native of Md. | Occupation dnfant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ | ~~Number of children living~~

Husband X of Wife

Father's Name Jno H Bell Jr

Mother's Name Ann E. Bell

Cause of Death { Primary Enterocolitis 82 | Immediate

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by S A Stokes M D

Address Cornersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full Margret N Dean

Certificate of Death

~~Town~~ County

Died at Dorchester MARYLAND

Date 1899 Month Sep Day 8 | Age Y. 32 M. D. | Native of Dor | Occupation Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife Tho F Dean

Father's Name Jno J Spear Mother's Name Mary E Spear

Cause of Death Primary Sup Consumption How long sick 8 mo

Immediate Accident, Suicide, Homicide

Reported by A H Willoughby

Address E N Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. Harry Nichols
of Hardwicke

Seen by Coroner _____

of _____

Name In Full John A. Brewton Hall

Certificate of Death

Died at Town Cambridge County Dorchester MARYLAND

Date 189 Month Sept. Day 22 | Age Y. M. D. 3 | Nativa of Maryland | Occupation —

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name John Hall

Mother's Name Alice Hall

Cause of Death: Primary Bronchitis — How long sick Seven-Weeks

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by: Given upon the character of treatment by Dr Dickinson with his consent

Address Dr. Dickinson Residence Upper Fairmount Md

Filled by J D Fox M.D. Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undartaker or minister.

LIBRARY BUREAU, 70808

Attended by Dr. Dickinson

of Upper Fairmount Md

Filled by J. D. Fox M.D.

Seen by Coroner

of

Certificate of Death

Name in Full: Jas A Helsby.

Died at: Town: Cambridge; County: Dorchester; MARYLAND

Date 189 9: Month: Sept; Day: 28

Age: Y. 28. M. 1 D. 8

Native of: Dorchester Co

Occupation: Telegraph Operator

Male / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~

Number of children living: 1

~~Wife~~ Husband of: Annie Helsby

Father's Name: Thos J Helsby

Mother's Name: Georgeanne Helsby

Cause of Death — Primary: Phthisis Pulmonalis; How long sick:

Cause of Death — Immediate: Congestion of Lungs 22a; ~~Accident, Suicide, Homicide~~

Reported by: B W Goldsborough

Address: Cambridge Md

Must be signed by physician, if any in attendance, otherwisa by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Thos. Henson

Certificate of Death

Died at Town Cambridge County Dorchester MARYLAND

Date 189 9 Month 9 Day 21 Age Y. 75 M. D.

Native of

Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Dorchester Standard 9-23

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Cornelius Johns

Town

Died at Near Hurlock

County

Dorchester

MARYLAND

Month Day Y. M. D.

Date 1899 Sept 3

Age 35 - -

Native of Md

Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~

Number of children living 2

~~Husband~~ ~~Wife~~ of Alberta Johns

Father's Name Sol Johns

Mother's Name Araminta Johns

Cause of Death: Primary Knife 1526

How long sick

Immediate Knife Stab

~~Accident, Suicide~~, Homicide

Reported by Dr Ged Jones

Address [redacted] W. E. Bradley Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Antone Rukelski

Certificate of Death

Town County

Died at near Cambridge Dorchester MARYLAND

Date 1890 Month Sept. Day 6 | Age Y. 2 M. 11 D. | Native of | Occupation

Male / White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Unknown probably convulsions

Immediate 49

How long sick 3 days.

Accident, Suicide, Homicide

Reported by U S Riley

Address 1639 Broadway Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name In Full Milton McRisley

Certificate of Death

Died at Town Madison County Dorchester MARYLAND

Date 1899 Month Feb Day 8 Age Y. 3 M. 10 D. Native of Occupation

Male Male White White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name

Mother's Name Victoria McRisley

Cause of Death: Primary 8a

Immediate Diphtheria

How long sick 5 days

~~Accident, Suicide, Homicide~~

Reported by Howard Richardson

Address Church Creek Dor Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. B. L. Smith

of Madison

Seen by Coroner

of

Name in Full Rob H Neal. Certificate of Death

~~Town~~ County

Died at Cabin Creek Dorchester MARYLAND

	Month	Day	Y. ~~M.~~ ~~D.~~	Native of	Occupation
Date 1899	Sept	10	Age 35	Talbot	Oysterman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband of Wife Mary J. Neal

Father's Name Jno Jones Mother's Name ~~51~~ 152a

Cause of Death: Primary Sup Heart Dez ~~How long~~ sick

Immediate suffocation Accident, ~~Suicide, Homicide~~

Reported by H. A. Willoughby.

Address E. N. Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Attended by Dr. No Dr saw him until
after death

Seen by [redacted] Dr Jones
of E. N. Marked md

Name in Full — Certificate of Death

Sarah J Pattison

Died at — Town: Airey's — County: Dorchester — MARYLAND

Date 1899 — Month: September — Day: 5 — Age: Y. 67 M. D. — Native of: Dorchester — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 4

Husband / Wife of Ea Pattison

Father's Name —

Mother's Name —

Cause of Death — Primary: Organic Valvular Heart Disease 57 — How long sick: Two months

Immediate: Anasarca —

~~Accident, Suicide, Homicide~~

Reported by B W Gladstone

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mattie Smith

Died at Town: Near Hurlock County: Dor — MARYLAND

Date 1899 Month: Sept 12 Day | Age Y. 40 M. 1 D. | Native of Del | Occupation Farmers Wife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 7

Husband / Wife of J W Smith

Father's Name — Mother's Name

Cause of Death — Primary: Abscess 14 — How long sick 3 yrs

Immediate: Blood Poison — Accident, Suicide, Homicide

Reported J W Smith

Address [redacted] D C Bradley Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Alex. Spudden

Died at 8th Town Dist. County Dorchester MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	Sept.	21	76	—	—	Dor. Co.	Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 8

Husband ~~Wife~~ of Mary Jane Spudden

Father's Name Mother's Name

Cause of Death: Primary — Organic heart disease — How long sick 2 yrs

Immediate — Anasarca

5-7

Accident, Suicide, Homicide

Reported by S A Stokes M. D.

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898